## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: XTO ENERGY, INC
ADDRESS: 52260 WIK RD
KENAI, AK 99611
FACILITY: EAST FORELANDS

LOCATION: 60° 31′ 10" N; 151° 20′ 31" W

(2-16)	(17-19)				
AKG 31 5003	015				
PERMIT NUMBER	DISHCARGE NUMBER				

CHECK HERE IF NO DISCHARGE

## MONITORING PERIOD

FROM	YEAR	MONTH	DAY
FACIN	2008	8	1
	(20-21)	(22-23)	(24-25)

то	YEAR	MONTH	DAY
'0	2008	8	31
	(26-27)	(28-29)	(30-31)

PARAMETEI	R		QUANTITY	OR LOADIN	IG (46-		TY OR CON		N N	NO EX.	FREQUENCY	SAMPLE TYPE (69-70)
			53) (54-61)			(38-45)	(46-53)	(54-61)	11. "	_	OF ANALYSIS	
(32-37)			Average	Maximum	Units	Minimum	Average	Maximum	Units	(62-63)	(64-68)	
015 - Produced Water	FLOW	Sample Measurement	0.066564581	0.116676		***	***	***	***	0	Weekly	Estimate
		Reguliement			MGD		-14			***	Weekly	Estimate
015 - Produced Water		Sample	***	***		No		No		0	***	***
PRODUCED SAND		Measurement			***	discharge	discharge	discharge	***	o de la composition della comp		
		Requirement		*		No discharge	No discharge	No discharge				•
015 - Produced Water OIL & GREASE		Sample Measurement	***	***	***	***	7.75	12	ma/l	0	Weekly	Grab
		Permit Requirement				4	8	42	mg/t	4	Weekly	(Grab
015 - Produced Water oH		Sample Measurement	***	***		7.6	***	7.8		0	Monthly	Grab
		Permit Requirement	-	***	***	6		9	SU		Monthly	Grab
015 - Produced Water		Sample	***	***		***	15.222	15,222		0	Monthly	Grab
		Measurement Permit Requirement		<u>.</u>	***		24	32	mg/l		Montaly	Grab
015 - Produced Water		Sample	***	***		***	15.382	15.382		0	Monthly	Grab
TAqH		Measurement Permit Requirement	-	<u> </u>	***	<u> </u>	Report	Report	mg/l	<u> </u>	Monthly	Graio
015 - Produced Water		Sample		***		5.1	5.1	5.1		0	Quarterly	Grab
TOTAL AMMONIA		Measurement	sanga magasan ang kabang kalang k		***		U. I		mg/i	anniaminimposi	crease and the contract of the	
		Permit Requirement				Report	**	Report		***	Quarterly	Grab Grab
NAME TITLE PRINCIPAL										I		Data (VD/h4O/DAV)
EXECUTIVE OFFICER	f law that this docume	ent and all attachmer	nts were prepare	eđ under my	direction or		۸.		Telephone		Date (YR/MO/DAY)	
Ryan Tunseth 6 HSE&T Coordinator	ice with a system desi in submitted. Based on y responsible for gath elief is true, accurate,	n my inquiry of the penering the information	erson or person n, the informatio	s who manag on submitted	e the system, a is, to the best	Bi	4		907	776-2510	9/16/2008	
	for submitting false info						)	Signature				

COMMENTS & EXPLANATION OF ANY VIOLATIONS: 3rd quarter WET testing results shown. Tests completed JULY-08. RESULTS SUBMITTED WITH THIS DMR.

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FROM	YEAR	MONTH	DAY
- FROM	2008	8	1
	(20-21)	(22-23)	(24-25)

70	YEAR	MONTH	DAY
то	2008	8	31
	(26-27)	(28-29)	(30-31)

PARAMETER		QUANTITY	OR LOADIN	IG (46-		TY OR CON		ON	NO EX.	FREQUENCY	SAMPLE TYPE	(69-70)
		53) (54-61)			(38-45)	(46-53)	(54-61)		1	OF ANALYSIS		
(32-37)		Average	Maximum	Units	Minimum	Average	Maximum	Units	(62-63)	(64-68)		
015 - Produced Water COPPER	Sample Measurement	***	***	***	***	3.98	3.98		0	Monthly	Grab	
	Requirement	32			12.1	60	90	ug/l	1	Monthly	Gnab	
015 - Produced Water MERCURY	Sample Measurement	***	***	***	***	0	0	#	0	Monthly	Grab	
	Permit Requirement	4	1			0.5	0.8	ug/i		Monthly	Grab	
015 - Produced Water MANGANESE	Sample Measurement	***	***	***	***	1.9	1.9	ma/l	0	Monthly	Grab	
	Permit Requirement	4	4		<b>.</b>	7.9	15.8	mg/l		Montaly	Grab	
015 - Produced Water SILVER	Sample Measurement	***	***	***	***	0.00	0		0	Monthly	Grab	
	Permit Requirement	*			-	46	149	ug/l	*	Montaly	Grab	
015 - Produced Water ZINC	Sample Measurement	***	***	***	***	0.095	0.095		0	Monthly	Grab	
	Permit Requirement	•			**	3.1	6.1	mg/l		Montaly	Grab	
015 - P <mark>roduced</mark> Water WET <i>- Mytilus galloprovincialis</i> (invertil	Sample state) Measurement	***	***	***	***	625	625	711	0	Quarterly	Grab	
	Permit Requirement				-	209	2425	TUc		Quarterly	Grab	
NAME TITLE PRINCIPAL EXECUTIVE OFFICER					A STATE OF THE STA		Telephone		Date (YR/MO/DA	Y)		
Ryan Tunseth  HSE&T Coordinator  I certify under penalty of law that this document and all attachments were prepared under my dissupervision in accordance with a system designed to assure that qualified personnel property generated the information submitted. Based on my inquiry of the person or persons who manage or those persons directly responsible for gathering the information, the information submitted is, of my knowledge and belief is true, accurate, and complete. I am aware that there are significant.					gather and e the system, is, to the best	er and system, the best		907 776-2510		9/16/2008		
	false information, including the					<u> </u>	Signature					

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